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BOROUGH OF SOUTHWOLD.

ANNUAL REPORT on the HEALTH of the BOROUGH of SOUTHWOLD for the year 1946.

Alan A. Gilmour M. D. D. P. H.

Medical Officer of Health.

To the Mayor, Aldermen and Councillors of the Borough of Southwold.

Sir, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the health of Southwold for the year 1946.

While the health of a community cannot be directly assessed by it's vital Statistics, these serve in some measure as an indication of progress, or the reverse.

I have pleasure in acknowledging my indebtedness to the Sanitary Inspector and all other Borough Officials for their assistance during my first year as Medical Officer of Health for the Borough.

General Statistics:-

Area in acres:- 624.

Registrar General's estimate of
the population (mid-1946):- 2,209.

No. of inhabited houses:- 1003.

Rateable value:- £24,365.

<u>Vital Statistics</u> :-	Total.	M.	F.
Legitimate Live Births	36	19	17
Illegitimate Live Births Total Live Births	-	cai	-
Legitimate & Illegitimate	36	1.9	17

Birth Rate.

per 1,000 resident population 16.3 (England & Wales 19.1)

Stillbirths:-

One stillbirth was notified Rate per 1,000 population 0.45. (England and Wales 0.53)

Deaths:-

Total.

Mal c

Female

Death Rate per 1,000 estimated population 14.94 (England and Wales 11.5)

Maternal Mortality: -

Nil.

Infantile Mortality:-

Deaths of infants under one year of age.

Total.

Nale. Fomale.

this gives an Infantile Mortality Rate of 55.5 per 1,000 live births.

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Causes of Death: -		<u>M</u> •	<u>H</u> '•
occusion of poctoff.	Heart Disease	5	10
	Cancer	2	4
	Pneumonia	2	
	Inhacranial Vascular		•
	Lesions	1	in .
	Prematurity	1	

Other causes

Total 33

5

Comparative Table for last three years.

				E & W.	London.
	44.	45.	46.	46.	46.
Population Births Birth Rate per 1,000 Deaths Death Rate per 1,000 Infant deaths Infantile Mortality Rate.	1511 35 23.16 32 21.2 1	1756 31 17.6 41 23.34 1	2209 36 16.3 33 14.94 2	19.1 - 11.5 -	21:5 - 12:7 -
Tuberculosis death rate (all forms)	0.66	0.57	0.00	4. U ••	

Comment on Statistics for the year.

(I) The population has increased by approximately 453

(II) The birth rate continues to fall.

(III) The death rate is considerably lower.

(IV) The infantile mortality rate is greater than in the previous year, but this is shown in relief due to relatively low number of births within the Borough.

(V) The Tuberculosis death rate (all forms) is Nil.

Infectious Diseases.

There was no serious outbreak of any infectious disease during the year 1946.

During the year the following cases of infectious diseases were notified.

WOI O HIS OLI LOCK	Dases.	Admitted to Hospital.	Died.
Measles	8	, ,	<u> </u>
Acute Primary Pneumonia	4	=	<u> </u>
Malaria	2	<u> </u>	-
Puerperal Pyrexia	1	<u> </u>	í.
Whooping Cough	1	-	<u> </u>
Dysentery	1	pag	**

Isolation Hospital Accommodation:-

Such cases as require isolation treatment, are cared for a t Lowestoft Isolation Hospital, in return for a payment of a proportion of their annual charges. Cases of infectious disease are removed to hospital by the Lowestoft Isolation Hospital Ambulance.

During the year no case was found to be in need of isolation treatment.

Venereal Diseases:-

The treatment of these diseases is carried out at the V.D. Clinic Lowestoft and North Suffolk Hospital.

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Ambulance Facilities:-

The Southwold Ambulance Section of the British Red Cross Society provides a motor ambulance available for all services required. This service contines to prove adequate and satisfactory.

Diphtheria Immunisation.

Artificial immunisation against diphtheria was proceeded with at various sessions held within the school at Southwold. As in previous years, the greatest problem that has to be faced is that of gaining a high percentage of immunised children within the pre-school (0.5) population.

The following figures represent the total number of children immunised within the Borough, and the percentage immunised in the pre-school and school age groups.

Pre-school population (0.5) Mid 1946.	160
School population (5.15) " "	243
Percentage pre-school children immunised	25%
Percentage school children immunised	58%
Percentage all children immunised	- 44.9%

Having regard to the pre-schodfigures it must be remembered that this percentage is based upon the total number of pre-school children (0.5) residing within the Borough, and that children are not elegible for immunisation until after they have attained nine months of age. If this fact is taken into account, it will be obvious that the percentage of pre-school children immunised in proportion to the number of such children elegible for immunisation is considerably higher than the figure given, but not as yet, satisfactory.

As the immunity conferred by artificial immunisation becomes progressively weaker with the passage of time, it is desirable that a child who has been immunised in infancy should be given a reinforcing dose at the age of 4-5 years the age at which it first enters upon school life.

The incidence of diptheria is greatest during the early years of school life, and it is therefore important to maintain a high degree of immunity at this period of a child's life.

During the year 141 "booster", or reinforcing doses were given to school children in Southwold.

Diphtheria Antitoxin.

Diphtheria Antitoxin which is provided free of charge to general practitioners for therapeutic and prophylactic purposes, is stored at the Town Hall and is always available.

Tuberculosis.

At the beginning of the year 1946, the following cases were presently on the Tuberculosis Register.

	Male.	Female.	Total.
Pulmonary:- Non-pulmonary:-	5 1	2 6	7 7
		Total	14

During the year 1 -case (Non-pulmonary - Female) died and 2 male pulmonary cases were added by notification.

This leaves the following cases on the register at the end of the year 1946.

	Male.	Female.	Total.
Pulmonary:-	7	2	9
Non-pulmonary:-	1	5 .	6
		Total	15

This is an increase of one case over the figure for the previous year.

Hospital and sanatorium accommodation for cases of tuberculosis still remains inadequate. The waiting lists for all available beds necessitates undue delay in the admission of both pulmonary and non-pulmonary cases.

This lack of sanatorium accommodation is due in the first instance to lack of adequate nursing and domestic staff. In several instances beds are available, but the requisite staff is not.

Two cases received sanatorium treatment during the course of the year.

Infant Welfare Clinic.

At present the Borough possesses no infant welfare clinic.

Southwold Harbour.

The Port of Southwold has been closed to shipping since 1939.

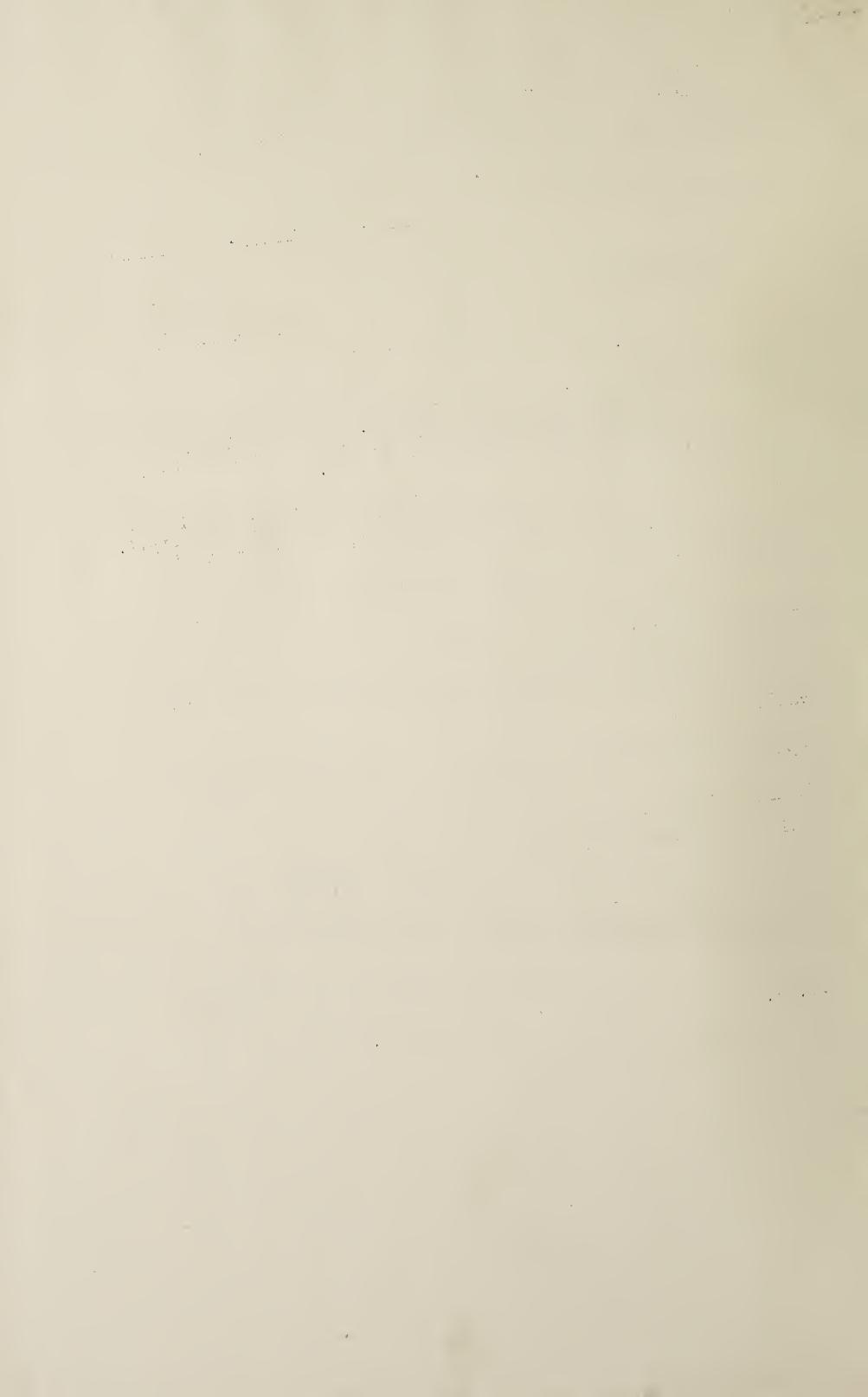
Public Health Officers.

Medical Officer of Health:- Alan A. Gilmour.
M.D. ChB. D.P.H.

Sanitary Inspector: - Mr. W.J.Goldfinch.

I am, Sir, Ladies and Gentlemen,
Your obedient Servant.

9.7.47. Alan Gilmour.



To The Mayor, Aldermen and Councillors of the Borough of Southwold.

Your Worship, Ladies and Gentlemen.

I have the honour to submit my Annual Report on the Sanitary conditions in Southwold for the year 1946.

I took over the duties of Sanitary Inspector on October 1st 1946 and the following information is based upon my observations during the last quarter of the year.

Housing.

In common with all parts of the country the Borough is suffering from a housing shortage, which has been accentuated by the large number of dwellings destroyed by enemy action. Many of these war damaged houses have been repaired and other reconstruction work is being done but progress is slow owing to shortage of labour and materials.

It has been necessary to requisition some houses for occupation by those in very urgent need of accommodation and all properties suitable for this purpose have been dealt with.

The Council is erecting 40 new houses on the Sole Bay Estate at Reydon also two flats and six bungalows for Aged persons on a bombed site at $B_{artholomew}$ Green.

No houses have been erected by private enterprise during the year, all local builders being fully engaged on repairs to war damaged property.

Generally the existing houses have been maintained in a sanitary condition but work on improving and raising the standard of accommodation has been delayed by labour and material shortages.

Water Supply.

Water is provided from the mains of the Southwold Water Co., and has been adequate for all requirements and of a high standard of purity.

Sewerage.

The Borough is drained by a sewerage system which discharges at the Disposal Works and thence into Buss Creek. Minor repairs have been carried out to the sewers from time to time and no serious cause for complaint has arisen.

The disposal Works are not of modern type and the degree of purification effected is very slight. The effluent discharges into a tidal creek and the high dilution thus afforded renders a high standard of purification less essential than would be the case in other circumstances.

Refuse Collection and Disposal.

House Refuse is collected by a Contractor in a modern dust proofed refuse collecting vehicle and is destroyed by incineration at the Destructor Works on the outskirts of the Town. No complaints whatever have been received and the work has been done in a highly commendable manner.

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Meat and Food Inspection.

No slaughtering is carried out in the Borough. All homekilled meat being obtained from the Area Abbattoir at Beccles where it is inspected and classified.

Several lots of tinned foods have had to be condemned, the cause in all cases being damaged tins.

Bakeries have been kept in a clean condition and no cause for complaint has arisen.

Factories and Workshops.

Factories and Workshops have been inspected from time to time and the proprietors have complied with all requirements made.

General.

The Borough has been maintained in a clean and sanitary condition throughout the year.

W.J. Goldfinch.

Sanitary Inspector.